

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10 805876

FILING DATE

APPLICANT(S)

4-26-87

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1			
2						
3						
4				2		
5				2		
6				2		
7				2		
8				1		
9				1		
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50						
TOTAL IND.	1					
TOTAL DEP.		2				
TOTAL CLAIMS		17				
		19				

	IND	DEP	IND	DEP	IND	DEP
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